

<b>TRANSMITTAL LETTER</b>			Docket No. 0033-1063PUS1																																											
Application No. 10/568,530-Conf. #4991	Filing Date February 17, 2006	Examiner A. S. Abu	Art Unit 1793																																											
Applicant(s): Touru NIIZAKI																																														
<p style="text-align: center;">FLAKE PIGMENT PROVIDED WITH FILM CONTAINING CHARGE CONTROL AGENT, Invention: POWDER METALLIC COATING MATERIAL CONTAINING THE SAME, COATING USING THE SAME AND PRODUCTION METHOD OF THE FLAKE PIGMENT</p>																																														
<p><b>MS Amendment</b>  <b>Commissioner for Patents</b>  <b>P.O. Box 1450</b>  <b>Alexandria, VA 22313-1450</b></p> <p>The amendment herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><b>Total Claims</b></td> <td style="text-align: center;">13</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 50.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td><b>Independent Claims</b></td> <td style="text-align: center;">2</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 210.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="5" style="padding: 5px;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5" style="padding: 5px;">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="5" style="padding: 5px;"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: center;">0.00</td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Large Entity <div style="float: right;"><input type="checkbox"/> Small Entity</div> </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> No additional fee is required for this amendment. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.  A duplicate copy of this sheet is enclosed. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u>  as described below. A duplicate copy of this sheet is enclosed. </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Credit any overpayment. </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </div> <div style="margin-top: 20px; margin-left: 150px;"> </div> <div style="margin-top: 5px; margin-left: 150px;"> <p>Joseph A. Kolasch  Attorney Reg. No.: 22,463</p> </div> <div style="margin-top: 10px; text-align: right;"> Dated: <u>September 11, 2008</u> </div> <div style="margin-top: 20px;"> <p>BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP  8110 Gatehouse Road  Suite 100 East  P.O. Box 747  Falls Church, Virginia 22040-0747  (703) 205-8013</p> </div>					CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		<b>Total Claims</b>	13	- 20 =	0	x 50.00	0.00	<b>Independent Claims</b>	2	- 3 =	0	x 210.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
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